

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>11-21-05</u>	2 Serial/Patent # <u>10/534877</u>			
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
Filing			\$	
Amendment			\$	
Extension of Time			\$	
Notice of Appeal/Appeal			\$	
Petition			\$	
Issue			\$	
Cert of Correction/Terminal Disc.			\$	
Maintenance			\$	
Assignment			\$	
Other			\$	
			7 TOTAL AMOUNT OF REFUND	<u>\$230.00</u>
8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check		
Overpayment		Credit Deposit A/C #:		
Duplicate Payment		<u>02-4800</u>		
No Fee Due (Explanation):				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Barbara Campbell</u> TITLE: _____				
SIGNATURE: <u>Barbara Campbell</u> PHONE: _____				
OFFICE: <u>PCT/IDS/ED</u> Repln. Ref: 11/23/2005 RCAMPBEL 0020414000 DOR: 024000 Name/Number: 10534877				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: _____ DATE: _____				

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B